No. C 78207 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Mar 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. ARCHIBALD INSURANCE CENTER, INC. TWILA BRINKERHOFF 216 S 200 W CEDAR CITY UT 84720		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713 3. New Registered Agent Signature:*			
				CORPORATIO				
				BOISE 837:				
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ERIC O LEA	VITT	216 S 200 W	CEDAR CITY	UΤ	USA	84720	
DIRECTOR	CAYLOR J D	DALLEY	216 S 200 W	CEDAR CITY	UΤ	USA	84720	
DIRECTOR	GARY ARCH	IBALD	135 W MAIN	REXBURG	ID	USA	83440	
DIRECTOR	VANCE K SMITH		216 SOUTH 200 WEST	CEDAR CITY	UT	USA	84720	
DIRECTOR	RECTOR AARON COTTL		135 WEST MAIN	REXBURG	ID	USA	83440	
PRESIDENT	DENT CAYLOR J DALLEY		216 S 200 W	CEDAR CITY	UT	USA	84720	
VICE PRESIDENT	DENT GARY ARCHIBALD		135 W MAIN	REXBURG	ID	USA	83440	
VICE PRESIDENT	PRESIDENT AARON COTTLE		135 W MAIN	REXBURG	ID	USA	83440	
SECRETARY MARK G KENNEY		NNEY	216 SOUTH 200 WEST	CEDAR CITY	UT	USA	84720	
TREASURER	MICHAEL S	LEAVITT	216 SOUTH 200 W	CEDAR CITY	UΤ	USA	84720	
5. Organized Under the Laws of: 6. Annual		6. Annual Repor	t must be signed.*					
ID C 78207		Signature: TWILA BRINKERHOFF		Date: 01/23/2	Date: 01/23/2015			
		Name (type or print): TWILA BRINKERHOFF		Title: ADMINI	Title: ADMINISTRATIVE ASSISTANT			
Processed 01/23/2015		* Electronically p	rovided signatures are accepted as originations	al signatures.				